

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15E247		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/04/2013	
NAME OF PROVIDER OR SUPPLIER  ST PAUL HERMITAGE LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 501 N 17TH AVE BEECH GROVE, IN 46107			
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: May 28, 29, 30, 31, &amp; June 3, &amp; 4, 2013</p> <p>Facility Number: 000391 Provider Number: 15E247 AIM Number: 100274990</p> <p>Survey team: Patti Allen, SW- TC Marcy Smith, RN Dinah Jones, RN</p> <p>Census bed type: NF: 44 Residential: 50 Total: 94</p> <p>Census payor type: Medicaid: 24 Other: 70 Total: 94</p> <p>Residential sample: 7</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on May 10, 2013; by Kimberly Perigo, RN.</p>			F000000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/25/2013

FORM APPROVED

OMB NO. 0938-0391

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F000280 SS=D	<p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>Based on record review and interview, the facility failed to ensure care plan interventions were revised for a resident who indicated her dentures were causing her gums to be sore, for 1 of 2 residents who met the criteria for review of dental services in a sample of 26. (Residents #41)</p> <p>Findings include:</p> <p>The clinical record of Resident #41 was reviewed on 5/31/13 at 11:45 a.m.</p>		F000280	<p>Resident #41 was interviewed by Social Services about her dental needs on 5/31/2013. Social Services also contacted POA of resident #41 and discussed resident #41's dental concerns. Social Services received POA's consent to have resident #41 seen by facility dentist and POA signed dental consent form. Unit Manager and Social Services made arrangements for facility-contracted dentist to provide an emergency dental exam on 6/4/2013. Resident #41 was seen on 6/4/14 and her dentures were filed down to provide a better fit. Dr. Craig Ball, DDS completed a progress note. At the time of admission,</p>		07/04/2013	

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	<p>Diagnoses for Resident #41 included, but were not limited to depression and difficulty swallowing. The resident was admitted to the facility on 3/26/12.</p> <p>A quarterly Minimum Data Assessment dated 4/30/13, indicated Resident #41 was moderately impaired in her decision-making ability.</p> <p>A care plan for Resident #41 dated 1/3/13 and updated 4/29/13, indicated a problem of "[name of resident] has upper and lower dentures. She needs assistance with her oral hygiene..." The Goal was "[name of Resident] will have an oral mucosa that is moist, pink and intact on a daily, on-going basis..." Interventions included "Continue to monitor the areas [name of Resident] is complaining of in her mouth. If she continues to have discomfort have [name of Resident] seen by the physician or get an order from the physician...Assess oral cavity for presence of...inflamed gums..."</p> <p>An "Oral Health" assessment dated 4/30/13, performed by the Minimum Data Set (MDS) Coordinator, indicated Resident #41 had upper and lower dentures and had mouth</p>		<p>each resident/family representative will choose a dental provider - either the facility-contracted provider or one of their choice. All dental care plans will be reviewed by the MDS coordinator/RN and Social Services to ensure that all residents that have been identified a having a need for dental care have been connected with that service. All residents that are found to be in need of dental services will be scheduled for an exam. All resident charts will be reviewed by Social Services to ensure that annual dental exams have been completed for each resident. A dental tracker form will be created and maintained in the social service section of the chart. All residents' annual dental exams will be scheduled with their chosen provider. SSD and MDS coordinator will hold an in-service to review the process of notifying social services and MDS coordinator of dental complaints. SSD will notify families/POA of dental needs and appointments will be scheduled as appropriate. MDS coordinator will update care plan. If the resident or family member does not wish to receive suggested treatment for an identified concern, a declination of services form will be signed by the family/POA., and staff will continue to monitor the condition routinely with MDS assessment utilizing the oral health form</p>				

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	<p>pain which was relieved by taking out her lower plate. The resident indicated to the MDS coordinator in this assessment her dentures were rubbing a sore on the right side of her mouth. A "Comments/Action" section of this assessment indicated "Plan Continue to monitor areas on rt [right] and side of gum area."</p> <p>During an interview with Resident #41 on 5/29/2013 10:52 a.m., she indicated "Sometimes my gums are sore so I leave my lower plate out and eat soup."</p> <p>During an interview with the Social Service Director on 6/3/13 at 8:40 a.m., she indicated she had spoken to Resident #41 on 5/31/13 and the resident told her she was having a problem with the lower dentures rubbing on her gums, making them sore. The Social Service Director indicated at that time that she had also interviewed a Certified Nursing Assistant (CNA) on the evening shift, 5/31/13, who indicated Resident #41 had told her (the CNA) she wanted her lower dentures out because they were hurting and she would just eat soup for dinner. The Social Service Director indicated, during this interview on 6/3/13, if a resident complains to a staff member about a</p>		<p>unless there is a change of condition. The MDS coordinator/nurse on admission comprehensive assessment, quarterly assessments and annual assessments will complete an oral health form. This form will be reviewed quarterly in QA. MDS coordinator will complete a Social Service Referral form any time a care plan indicates a resident has a need for a dental exam. Social Services will ask all residents during their admission comprehensive assessment, quarterly assessment and the annual assessment if they need to be seen by the dentist. If the resident identifies a need, services will be coordinated as appropriate.</p>				

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	<p>dental problem, the staff member should fill out a "Social Service Referral Form" and give it to her. She would then arrange for the resident to receive dental services. She indicated she did not receive a referral form for Resident #41 for dental services.</p> <p>During an interview with the MDS Coordinator on 5/31/13 at 2:15 p.m., further information was requested regarding updated and/or revised care plan interventions for Resident #41's sore gums. On 5/31/13 at 2:30 p.m., the MDS Coordinator indicated she was not able to find any further information. She indicated she did not know why there had not been a revision.</p> <p>3.1-35(d)(2)(B)</p> <p>.</p>						

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F000282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on record review and interview, the facility failed to ensure care plan interventions were implemented for a resident who indicated her dentures were causing her gums to be sore, for 1 of 2 residents who met the criteria for review of dental services in a sample of 26. (Residents #41)</p> <p>Findings include:</p> <p>The clinical record of Resident #41 was reviewed on 5/31/13 at 11:45 a.m.</p> <p>Diagnoses for Resident #41 included, but were not limited to depression and difficulty swallowing. The resident was admitted to the facility on 3/26/12.</p> <p>A quarterly Minimum Data Assessment dated 4/40/13, indicated Resident #41 was moderately impaired in her decision-making ability.</p>			F000282	<p>Resident #41 was interviewed by Social Services about her dental needs on 5/31/2013. Social Services also contacted POA of resident #41 and discussed resident #41's dental concerns. Social Services received POA's consent to have resident #41 seen by facility dentist and POA signed dental consent form. Unit Manager and Social Services made arrangements for facility-contracted dentist to provide an emergency dental exam on 6/4/2013. Resident #41 was seen on 6/4/14 and her dentures were filed down to provide a better fit. Dr. Craig Ball, DDS completed a progress note. At the time of admission, each resident/family representative will choose a dental provider - either the facility-contracted provider or one of their choice. All dental care plans will be reviewed by the MDS coordinator/RN and Social Services to ensure that all residents that have been identified a having a need for dental care have been connected with that service. All residents that are found to be in need of dental services will be scheduled for an exam. All resident charts will be reviewed by Social</p>		07/04/2013

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	<p>A care plan for Resident #41 dated 1/3/13 and updated 4/29/13, indicated a problem of "[name of resident] has upper and lower dentures. She needs assistance with her oral hygiene..." The Goal was "[name of Resident] will have an oral mucosa that is moist, pink and intact on a daily, on-going basis..." Interventions included "Continue to monitor the areas [name of Resident] is complaining of in her mouth. If she continues to have discomfort have [name of Resident] seen by the physician or get an order from the physician...Assess oral cavity for presence of...inflamed gums..."</p> <p>An "Oral Health" assessment, dated 4/30/13, performed by the Minimum Data Set (MDS) Coordinator, indicated Resident #41 had upper and lower dentures and had mouth pain which was relieved by taking out her lower plate. The resident indicated to the MDS coordinator in this assessment her dentures were rubbing a sore on the right side of her mouth. A "Comments/Action" section of this assessment indicated "Plan Continue to monitor areas on rt [right] and side of gum area."</p> <p>During an interview with Resident #41</p>		<p>Services to ensure that annual dental exams have been completed for each resident. A dental tracker form will be created and maintained in the social service section of the chart. All residents' annual dental exams will be scheduled with their chosen provider. SSD and MDS coordinator will hold an in-service to review the process of notifying social services and MDS coordinator of dental complaints. SSD will notify families/POA of dental needs and appointments will be scheduled as appropriate. MDS coordinator will update care plan. If the resident or family member does not wish to receive suggested treatment for an identified concern, a declination of services form will be signed by the family/POA., and staff will continue to monitor the condition routinely with MDS assessment utilizing the oral health form unless there is a change of condition. The MDS coordinator/nurse on admission comprehensive assessment, quarterly assessments and annual assessments will complete an oral health form. This form will be reviewed quarterly in QA. MDS coordinator will complete a Social Service Referral form any time a care plan indicates a resident has a need for a dental exam. Social Services will ask all residents during their admission comprehensive assessment,</p>				



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	<p>on 5/29/2013 10:52 a.m., she indicated, "Sometimes my gums are sore so I leave my lower plate out and eat soup."</p> <p>There was no documentation in Resident #41's clinical record which indicated anyone had assessed her mouth or referred her for dental services between 4/30/13 and 5/31/13, as indicated by the care plan.</p> <p>During an interview with the Social Service Director on 6/3/13 at 8:40 a.m., she indicated she had spoken to Resident #41 on 5/31/13 and the resident told her she was having a problem with the lower dentures rubbing on her gums, making them sore. The Social Service Director indicated at that time that she had also interviewed a Certified Nursing Assistant (CNA) on the evening shift, 5/31/13, who indicated Resident #41 had told her (the CNA) she wanted her lower dentures out because they were hurting and she would just eat soup for dinner. The Social Service Director indicated, during this interview on 6/3/13, if a resident complains to a staff member about a dental problem, the staff member should fill out a "Social Service Referral Form" and give it to her. She</p>				<p>quarterly assessment and the annual assessment if they need to be seen by the dentist. If the resident identifies a need, services will be coordinated as appropriate.</p>		

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	<p>would then arrange for the resident to receive dental services. She indicated she did not receive a referral form for Resident #41 for dental services.</p> <p>During an interview with the MDS Coordinator on 5/31/13 at 2:15 p.m., further information was requested regarding follow up of her updated plan of care on 4/30/13 regarding Resident #41's sore gums. On 5/31/13 at 2:30 p.m., the MDS Coordinator indicated she was not able to find any further information and she did not know why there had been no follow up.</p> <p>3.1-35(g)(2)</p>						

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F000412 SS=D	<p>483.55(b) ROUTINE/EMERGENCY DENTAL SERVICES IN NFS The nursing facility must provide or obtain from an outside resource, in accordance with §483.75(h) of this part, routine (to the extent covered under the State plan); and emergency dental services to meet the needs of each resident; must, if necessary, assist the resident in making appointments; and by arranging for transportation to and from the dentist's office; and must promptly refer residents with lost or damaged dentures to a dentist.</p> <p>Based on record review and interview, the facility failed to ensure dental services were offered or provided for residents with complaints of loose dentures and/or sore gums for 1 of 2 residents who met the criteria for review of dental services in a sample of 26. (Residents #41)</p> <p>Findings include:</p> <p>The clinical record of Resident #41 was reviewed on 5/31/13 at 11:45 a.m.</p> <p>Diagnoses for Resident #41 included, but were not limited to depression and difficulty swallowing. The resident was admitted to the facility on 3/26/12.</p> <p>A quarterly Minimum Data</p>		F000412	<p>Resident #41 was interviewed by Social Services about her dental needs on 5/31/13. Social Services also contacted POA of resident #41 and discussed resident #41's dental concerns. Social Services received POA's consent to have resident #41 seen by facility dentist and POA signed dental consent form. Unit Manager and Social Services made arrangements for facility-contracted dentist to provide an emergency dental exam on 6/4/2013. Resident #41 was seen on 6/4/2013 and her lower dentures were filed down to provide a better fit. Dr. Craig Ball, DDS. completed a progress note. Social Services, MDS coordinator and Unit Secretary will work with facility-contracted dental facility to create an emergency dental plan and create a quarterly schedule of dental visits. MDS coordinator/nursing staff will notify SSD through Social Service</p>		07/04/2013	

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	<p>Assessment dated 4/30/13, indicated Resident #41 was moderately impaired in her decision-making ability.</p> <p>An "Oral Health" assessment dated 4/30/13, performed by the Minimum Data Set (MDS) Coordinator, indicated Resident #41 had upper and lower dentures and had mouth pain which was relieved by taking out her lower plate. The resident indicated to the MDS coordinator in this assessment her dentures were rubbing a sore on the right side of her mouth. A "Comments/Action" section of this assessment indicated "Plan Continue to monitor areas on rt [right] and side of gum area."</p> <p>A care plan for Resident #41 dated 1/3/13 and updated 4/29/13, indicated a problem of "[name of resident] has upper and lower dentures. She needs assistance with her oral hygiene..." The Goal was "[name of Resident] will have an oral mucosa that is moist, pink and intact on a daily, on-going basis..." Interventions included "Continue to monitor the areas [name of Resident] is complaining of in her mouth. If she continues to have discomfort have [name of Resident] seen by the physician or get an order from the</p>				<p>referral form of residents needing dental services.SSD will follow-up with resident and POA. SSD will help schedule dental appointments and arrange transportation as needed to ensure that emergency dental care be provided.Social Services will maintain a record of annual dental exams in the social service section of the resident's chart.</p>		

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	<p>physician...Assess oral cavity for presence of...inflamed gums..."</p> <p>During an interview with Resident #41 on 5/29/2013 10:52 a.m., she indicated "Sometimes my gums are sore so I leave my lower plate out and eat soup."</p> <p>There was no documentation in Resident #41's clinical record which indicated anyone had assessed her mouth or referred her to the dentist between 4/30/13 and 5/31/13.</p> <p>During an interview with the MDS Coordinator on 5/31/13 at 2:15 p.m., further information was requested regarding follow up of her assessment on 4/30/13 regarding Resident #41's sore gums. On 5/31/13 at 2:30 p.m., the MDS Coordinator indicated she was not able to find any further information and she did not know why there had been no follow up on Resident #41's complaints of sore gums on 4/30/13.</p> <p>During an interview with the Social Service Director on 6/3/13 at 8:40 a.m., she indicated she had spoken to Resident #41 on 5/31/13 and the resident told her she was having a problem with the lower dentures rubbing on her gums, making them</p>						

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NAME OF PROVIDER OR SUPPLIER  ST PAUL HERMITAGE LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 501 N 17TH AVE BEECH GROVE, IN 46107			
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	<p>sore. The Social Service Director indicated at that time that she had also interviewed a Certified Nursing Assistant (CNA) on the evening shift, 5/31/13, who indicated Resident #41 had told her (the CNA) she wanted her lower dentures out because they were hurting and she would just eat soup for dinner. The Social Service Director indicated, during this interview on 6/3/13, if a resident complains to a staff member about a dental problem, the staff member should fill out a "Social Service Referral Form" and give it to her. She would then arrange for the resident to receive dental services. She indicated she did not receive a referral form for Resident #41 for dental services.</p> <p>She indicated at that time, the dentist would be seeing Resident #41 on 6/4/31. She also indicated she had done an inservice regarding filling out the referral form, when a resident has dental complaints.</p> <p>3.1-24(a)(3)</p>						